lent lectures on the surgical diseases of the urinary organs (published in the *Lancet*), that Sir Henry Thompson, though he speaks favourably of Holt's dilator, prefers cutting stricture by means of a bladed instrument introduced into the urethra. I consider this, however, a much more difficult and dangerous proceeding than the other, while I scarcely think it more successful."

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56. *Dr. Dolbeau's Use of Alcohol in Dressing Surgical Wounds.*—The following is Dr. D.'s (the eminent surgeon of Hôpital Beaujon) plan of proceeding. Having performed the amputation, or removed the tumour, as the case may be, he stanches the hemorrhage, by such means as are appropriate and usual in the circumstances. He then washes the wound with what he calls *pure* alcohol; or, in other words, with the strongest commercial alcohol, unmixed with water. The next proceeding is to dry the bleeding surface with fine soft linen. The dressing is now applied. This consists in filling up the cavity caused by the loss of substance, or covering the flaps of the amputation with feathery tufts of fine charpie soaked in pure alcohol. The part is then farther covered with compresses, which likewise are soaked in pure alcohol. The dressings are then inclosed in a double envelope of the impermeable gutta percha tissue, which has of late years superseded oiled silk for most medical and surgical purposes, and which is superior in respect of elasticity and cheapness. The whole of the dressings and coverings now described are retained in position by a few rounds of a bandage.

The dressings now described—applied, be it observed, when all bleeding has ceased—remain undisturbed till the following day, when they are entirely renewed. During the course of the day, it is useful to open up the impermeable covering, and, without touching the underneath dressing, moisten it with pure alcohol. At each dressing, it will be found that the charpie is adherent to the raw surface: to detach it without causing an oozing of blood, the dressings ought to be moistened by means of syringing it with alcohol.

When the proceedings as above described are carried out with exactitude, there is no bleeding from the wound, and the parts are kept in a favourable state of moisture. At the end of a period, varying from five to ten days, the raw surface is quite dry, and presents a slate-gray appearance. The surface may be kept in this dried-up state—in this condition of local embalmment—as long as is desired. Cicatrization proceeds very, very slowly; and to accomplish permanent healing, it is necessary to induce suppuration in the wound.

Dr. Dolbeau holds that his method of alcoholic dressing prevents the occurrence of traumatic inflammation; and I am assured by friends who have had considerable opportunities of observing his hospital practice, that this opinion is well founded. He says—and this I have personally observed—that the patients have generally little or no fever, and that their strength is inversely proportionate to the suffering they have had or the quantity of blood they have lost in the operation. By keeping the wounds in the state of alcoholic dryness (*sécheresse alcoolique*), as Dr. Dolbeau calls it, traumatic reaction is prevented; and by that means, any necessary length of time is obtained for the patient to get up his strength.

When all goes well—when the appetite and sleep are natural—when strength is regained, the alcoholic treatment is discontinued, and glycerine is used. The time has now come, according to Dr. Dolbeau, when, without detriment, the patient can support suppuration. The surgeon, however, after instituting suppuration by dressing with glycerine, may, if he think it necessary, arrest or diminish the formation of pus by using pure alcohol, or a mixture of alcohol and water.

At first, the alcoholic treatment occasions a good deal of pain; but, by the end of the second or third day, the wound has become insensible. Some patients beg urgently that the alcohol may be used somewhat diluted with water, but Dr. Dolbeau says that this demand ought to be resisted.

The direct application of pure alcohol often vesicates the skin surrounding the wound. When this inconvenience occurs, it is easily remedied by powdering the blistered surface with starch or rice. In a few exceptional cases, the lips of the wound become greatly swollen, while the surface of the wound has the usual alcoholic dryness and the usual slate-gray colour. In such cases, Dr. Dolbeau discontinues using the alcohol, and has recourse to starch poultices. Once the swelling has disappeared—an event which occurs simultaneously with the establishment of copious suppuration—Dr. Dolbeau resumes the use of the glycerine dressing, and syringes the wound every morning with pure alcohol, so as to cause the separation of all the portions of tissue destroyed by the suppuration.—*British Med. Journ.*, Nov. 20, 1869.

57. *Diseased Elongation of the Bones of the Extremities in Relation to Surgical Practice.*—Prof. LANGENBECK, in a recent paper read to the Berlin Medical Society, draws attention to a consequence of disease of bone first noticed by Stanley, and further demonstrated by Paget. He observes, that until the twenty-third or twenty-fifth year, the bones may, under the influence of general disturbances of nutrition or local disease, undergo greater variation in form and size than the soft parts. In the rickety subject defective length is a more characteristic sign than either the curvature or the chemical condition of the bones. The influence of paralysis in checking the growth of bone requires more investigation, for while in some cases this is found to be imperceptible, in others it is very considerable. Affections of the epiphyses and of the joints will naturally give rise to considerable shortening, and all the bones of the same extremity may participate in this on account of the forced inactivity. The same effect is also observed when the joint itself is not diseased, but kept in a state of forced contraction; but here probably the result is a mechanical one produced by the altered mode in which the deposit of new bone is made. How small a power need be exerted to produce this effect is seen in the fact, that when fingers are united together, but are yet able to perform all their principal functions, their bones, if the web be not properly divided, will remain shortened. In a still greater degree the same effect is exerted by cicatrices from burns in the neighbourhood of joints.

It is, however, to abnormal elongation of the bones that attention is chiefly directed in this paper. This may easily take place to the extent of one or two centimetres, or more, without detection, unless careful admeasurements be made. A long bone, as a general rule, grows longer and thicker in proportion as it has been in an inflamed or hyperæmic condition, and a hyperæmic condition of the soft parts is also competent to produce this change. Thus, in a case of inguinal aneurism, Broca found that the femur had increased two, and the tibia one centimetre in length. Ulcers of the leg occurring early in life produce the same effect; and although chronic inflammation and caries of joints exceptionally arrest the growth of bone, in other cases they lead to its elongation. The great majority of cases of increased growth, however, arise from chronic disease of the diaphysis of the bone, *i. e.*, osteo-myelitis or necrosis.

A very interesting case is given in which careful admeasurements were made at the autopsy, and all the bones on the diseased side were found considerably longer. A remarkable appearance noted was the diminution of the circumference of the upper articular surface of the tibia by one, and of the lower surface by half a centimetre. This may be attributed to the fact of the greater longitudinal development of the diaphysis having taken place at the expense of the epiphysis. In the arrested growth of the rickety bone, on the contrary, the circumference of the articular surface is increased. The fibula, in the above case, although not diseased, had increased by two centimetres in length like the tibia. Another important point was, that the femur of the same side also underwent considerable elongation, for while the tibia was found to have increased by two centimetres, the whole limb, measured carefully during life, was found to be five centimetres longer than the other. Similar observations are reported by Paget and Bergmann; and Langenbeck has met with the same circumstances in the upper extremities.

Bearing the above facts in mind, it occurred to Prof. Langenbeck whether they might not have their surgical application in the treatment of shortening of the bones of the extremities. As necrosis occurring in young subjects is the most frequent cause of abnormal elongation of bone, and is probably due to the abiding stimulus of the sequestrum, it might be expected that the insertion